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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300002129 (5)

FILED
May 26 1998 8:00am
Secretary of State

1. Corporation	on Name	(5	7			
SOUT	H LAKELAND TEAMS, INC.					
					A 100kilûr die fûlût kini ûndik ûndik ûndik ûndik ûndik dien dien kinê kêlê kêlî logi.	
Principal Place of Business Mailing Address					e andernan and sossan tittle antit antit datit datit unite jiber tifte iffit ifft ifft	
4740 CLEVELA	IND HEIGHTS BLVD	4740 CLEVELAND HEIGHT	TS BLVD		3. Date Incorporated or Qualified	
LAKELAND FL	33907	LAKELAND FL 33807			05/03/1993	
					4. FEI Number Applied For	
					NOT APPLICABLE Not Applicab	
	Place of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional	
21		26			Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
City & State		City & State	City & State		Trust Fund Contribution Added to Fees	
23		28			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	v		
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9, Name and Address of Currer		1001		10. Name and Address of New Registered Agent	
			81	Name	16	
CLARK,	RONALD L		82	Street	et Address (P.O. Box Number is Not Acceptable)	
4740 CI	LEVELAND HEIGHTS BLVD				A Address (1.C. Dox Hullion is Not Acceptable)	
LAKELA	ND FL 33807		83			
			84	City	■■ 85 Zip Code	
				"	FL T	
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Flori da Sta tu 9 of Florida, Such change was	ites, the abov authorized b	e-named v the corr	ed corporation submits this statement for the purpose of changing its registered or or poration's board of directors. I hereby accept the appointment as registered	
agent. La	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statute	s.	sportation of social and another. The only about the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age					
12,		ID DIRECTORS	13.	ent signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD	DELETE	1.1 TITLE		Change Additio	
NAME	CLARK, RONALD L		1.2 NAME			
STREET ADDRESS 4740 CLEVELAND HEIGHTS BL		BLVD	1.3 STREET AD		s	
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-8	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	RODDA, J. R.		2.2 NAME			
STREET ADDRESS	5718 COVEVIEW DR. E.		2.3 STREET	ADDRESS	3	
CITY-ST-ZIP	LAKELAND FL 33813	T per per	2. 4 CITY-	ST-ZIP		
TITLE	D D	☐ DELETE	3.1 THTLE		☐ Change ☐ Addition	
NAME ATACET ADODESO	PERKINS, RON 2913 FORESTGREEN DR.		3.2 NAME			
STREET ADDRESS	LAKELAND FL 33813		3.3 STREET		;	
CITY-ST-ZIP TITLE	DANCEDAND PE 33013	☐ DELETE	3.4. CITY-1	ST-ZIP	☐ Change ☐ Addition	
NAME			4.2 NAME		C crange Notition	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S			
TITLE		☐ DELETE	5.1 TITLE		Change Addillor	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Indicated on this annual report or supplienced and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

CIONATURE.